

04/29/2005

**GENERAL APPLICATION FOR THE IMPORTATION OF PRODUCTS  
(TO BE COMPLETED IN CAPITAL LETTERS)**

**APPLICANT (NAME, ADDRESS, TELEPHONE NUMBER, NATEL AND FAX**

NAME:.....

ADDRESS:.....

TELEPHONE, NATEL, FAX:.....

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**DESTINATION OF PRODUCT:**.....

QUANTITY:.....

NAME AND ADDRESS OF ORIGINATING COMPANY (AND COUNTRY OF  
ORIGIN):.....

.....  
INTENDED USE:.....

FREQUENCY OF IMPORTATION:      ☐ ONE TIME      ☐ SEVERAL ☐  
ANNUAL AUTHORIZATION

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**SWISS CUSTOMS AUTHORITY OFFICE:**.....

INTENDED DATE OF IMPORTATION

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**IMPORTER (NAME, ORGANIZATION, AND COMPLETE  
ADDRESS):**.....

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.....

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DATE:.....SIGNATURE:.....

SENT TO: OFFICE VETERINAIRE FEDERAL, SCHWARZENBURGSTR. 161  
3003 BERNE (OR SENT BY FAX: +41 31 323 85 22)